

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-27-03.

I. DISPUTE

Whether there should be refund of \$722.00 for CPT code 70541WP rendered on 8-7-02.

II. FINDINGS

The requestor noted that on 9-10-02 payment of \$722.00 was paid for CPT code 70541WP with check number 03996850.

The requestor wrote a letter dated 9-23-02 to respondent requesting refund of \$722.00 based on IME done by _____. Therefore, the requestor is in compliance with Rule 133.304(o) by requesting a refund within 45 days.

Records submitted did not include a specific explanation per Rule 133.304(o)(2) why provider failed to make the payment requested.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (70541WP) in the amount of **\$722.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$722.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 18th day of March 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division